



You can join, switch, or drop a Medicare health or drug plan during Medicare's Open Enrollment Period, which runs from October 15 – December 7 each year. If you make a change during this period, your new coverage will begin on January 1 of the following year. The Medicare Plan Finder web tool, <https://www.medicare.gov/find-a-plan/questions/home.aspx>, can help you search for and compare Medicare health and drug plans in your area. You should compare the plans carefully and choose one that meets your needs. If you are satisfied with your current plan, you do not have to do anything to re-enroll.

You can use this worksheet to collect all the personal information you need to find a Medicare health and/or drug plan that meets your needs. Please fill out as much of the information as possible. You may find it helpful to gather all of your prescription drug bottles, your red, white, and blue Medicare card, and any other health insurance cards, before you fill out this worksheet.

If you currently get your prescription drug coverage through TRICARE (military retiree benefits), the Department of Veteran Affairs (VA benefits), or FEHBP (Federal employee retirement benefits), it is almost always best to keep that current coverage without any changes. **You should contact your benefits administrator for information about your current benefits before making any changes.**

--	--	--	--	--

[illegible][illegible]

First Name

--	--	--	--	--	--	--	--

Year

		—		—				
--	--	---	--	---	--	--	--	--

Year

Year

MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY			
JANE DOE			
MEDICARE CLAIM NUMBER		SEX	
000-00-0000-A		FEMALE	
IS ENTITLED TO		EFFECTIVE DATE	
HOSPITAL		07-01-1986	
MEDICAL		07-01-1986	
SIGN HERE →			

MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY		SEX	
JANE DOE		FEMALE	
MEDICARE CLAIM NUMBER		EFFECTIVE DATE	
000-00-0000-A		07-01-1986	
HOSPITAL MEDICAL		(PART A)	
(PART B)		07-01-1986	
SIGN HERE →			

7. What is your marital status?

- ☐ Married
☐ Single

8. Do you currently have Medicare Coverage? (Check all that apply)

- ☐ Original Medicare
☐ Medicare Health Plan (such as an HMO or PPO)
☐ Medicare Prescription Drug Plan
☐ Medigap
☐ I don't have any Medicare coverage yet
☐ I don't know what coverage I have

9. What type of plan are you looking for?

- ☐ Medicare Advantage or other Medicare Plans
(Plans that cover only health care)
☐ Medicare Prescription Drug Plans
(Plans that cover only prescription drugs)
☐ Both – plans that cover both health care and
prescription drug plans
☐ I don't know

10. Did you receive a letter from Medicare or Social Security that said you are either eligible for or qualified for Extra Help paying for your Medicare Prescription Drug Plan costs (premium, deductible, and drug costs)?

- ☐ Yes, I received a letter from Medicare
☐ Yes, I received a letter from Social Security
☐ No, I did not receive a letter
☐ I don't know

If you received one these letters, please find it and keep it with this worksheet. You will need to refer to this letter for information when you are choosing a prescription drug plan.

11. Do you get help from Medicare or your state to pay your Medicare prescription drug costs?

- ☐ I get help from Medicaid
☐ I get Supplemental Security Income
☐ I qualified for Extra Help through Social Security
☐ I belong to a Medicare Savings Program (MSP)
☐ I pay \$2.60 – \$6.50 for covered drugs
☐ I don't get any Extra Help
☐ I pay 15% coinsurance for covered drugs
☐ I don't know

12. Some people with limited income and resources are eligible for Extra Help to pay costs associated with their Medicare Prescription drug plan. Are you combined savings, investments and real estate (other than your home) worth more than:

- \$13,070 if you are single, a widow(er), or your spouse does not live with you; or
- \$26,120 if you are married and living together

Include the things you own by yourself, with your spouse or with someone else. **Do NOT include your home**, vehicles, burial plots, or personal possessions.

- ☐ Yes
☐ Not sure
☐ No

*If you answered "No," you may be eligible for extra help in paying for your prescription drug costs. For more information, see the Social Security Administration's website at www.socialsecurity.gov or call 1-800-772-1213.

13. Which drugs do you currently take?

Please enter your prescription drugs. This will help estimate your costs and allow you to see which plans cover your drugs. The site doesn't show pricing for over the counter drugs or diabetic supplies (e.g. test strips, lancets, needles). Please contact the plan for more information on those items.

Drug Name	Dosage	30-Day Qty	Monthly Cost

14. Is there a pharmacy you prefer to use?

☐ Yes (if yes, please provide the name and address of your preferred pharmacy)

☐ No

Name of Pharmacy

Street Address

City

State

ZIP Code

Importance of pharmacy selection

Please select up to two pharmacies. If your pharmacy isn't in a plan's network, the cost you will see is the full price of the drug with no insurance. Note that some plans may charge lower drug prices at preferred pharmacies and higher prices at non-preferred pharmacies.

If you do not select a pharmacy, your estimated costs may be significantly higher and may be different than the cost at your pharmacy. Please select a pharmacy to get more accurate estimates of how much your prescription drugs will cost.

What Should I Do with My Completed Worksheet?

Once you complete this worksheet, you can use it to find a Medicare drug plan that meets your needs. Keep this worksheet with you when you:

- Meet with an outreach counselor, such as a State Health Insurance Assistance Program (SHIP) counselor or someone at your local senior center;
- Visit the **www.medicare.gov** website; or
- Call Medicare at **1-800-MEDICARE (1-800-633-4227)** to speak with a Customer Service Representative. (TTY users should call **1-877-486-2048**).